

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571-908

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		/				
3		/				
4		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	6					
TOTAL DEP.	40					
TOTAL CLAIMS	46					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				/		
53				/		
54				/		
55				/		
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99						
100						
TOTAL IND.						
TOTAL DEP.		1				
TOTAL CLAIMS		7				